

MUMPS INVESTIGATION REPORT

Reporting Physician Hospital/Clinic	Name			Phone			
	Address		City	Zip Code			
Patient	Name (Last, First, MI)				Phone		
	Address		City	County	Zip Code		
Birth date ____/____/____ (M/D/Y)		*Age____ (Unk = 999)	Race ____ N Native American/Alaska Native W White A Asian/Pacific Islander O Other B African American U Unk		Ethnicity____ H Hispanic N Non Hispanic U Unknown	Sex____ M Male F Female U Unknown	
Onset date of event ____/____/____ (M/D/Y)	Date of report ____/____/____ (M/D/Y)	Indigenous ____ 1 Indigenous (acquired in a USA reporting state) or Imported 2 International (acquired outside USA) 3 Out of State (acquired in USA outside reporting state) 9 Unknown			Case ____ 1 Confirmed Status 9 Unknown		
Clinical Data (Y=yes, N=no, U-unk)		Parotitis ____Y N U	Duration of Parotitis ____ (Days)		Any swelling at last interview ____ Y N U		
Complications	Meningitis____ Y N U		Other complications? ____ Y N U				
	Deafness____ Y N U		If other complications, specify _____				
	Orchitis____ Y N U						
	Encephalitis____ Y N U		*Hospitalized? _____(due to mumps)				
	*Death____ Y N U		Days Hospitalized ____ (days)				
Laboratory	Date Specimen Taken					*Results IgG____	IgM ____
	Was laboratory testing for mumps done? ____ Y N U	IgM specimen ____/____/____ Titer Result____ IgG specimen ____/____/____ (Acute) Titer Result____ IgG specimen ____/____/____ (Conv) Titer Result____ Other Laboratory result ____ (use IgM coding scheme) Specify other laboratory method _____		*IgG Results P Significant rise in IgG (conval) N No significant rise in IgG(conval) I Indeterminant E Pending X Not done		*IgM Results P Positive N Negative I Indeterminant E Pending X Not Done U Unknown	
		Was case laboratory confirmed? ____ Y N U					
Epidemiologic Information	Date FIRST REPORTED to a health department ____/____/____ (M/D/Y)			*Outbreak related?____ Y N U			
	Date case investigation started ____/____/____ (M/D/Y)			*Epi-linked to another confirmed or probable case? ____ Y N U			
Transmission setting ____ (Where did the case acquire mumps?)							
1 Day care 6 Hospital outpatient clinic 11 Military 2 School 7 Home 12 Correctional facility 3 Doctor’s office 8 Work 13 Church 4 Hospital ward 9 Unknown 14 International travel 5 Hospital ER 10 College 15 Other							
Specify exact name/location of setting							
If transmission setting not among those listed and known, what was the transmission setting?_____							
*Source of exposure for current case_____ Enter State ID if source was an in-state case Enter State if source was out-of-state Enter Country if source was out of USA							

Vaccine History Has case ever received mumps-containing vaccine? _____ Y N U

Vaccination Date (If month and year are known and exact date not known, enter 15 for day)
(Month/Day/Year)

1. ____/____/____ Number of doses received ON or AFTER 1st birthday _____
2. ____/____/____

Vaccine History Cont.

If not vaccinated, what was the reason? _____

- | | | |
|----------------------------|---|--------------------|
| 1 Religious exemption | 4 Laboratory evidence of previous disease | 7 Parental refusal |
| 2 Medical contraindication | 5 MD diagnosis of previous disease | 8 Other |
| 3 Philosophical exemption | 6 Underage for vaccination | 9 Unknown |

If vaccinated before first birthday, but no doses given after 1st birthday, what was the reason? _____
(use reasons above)

Contact Information (for state/local health department use)

Name	D.O.B	Address	Phone#	Dates of Exposure
1. _____	____/____/____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____
4. _____	____/____/____	_____	_____	_____
5. _____	____/____/____	_____	_____	_____
6. _____	____/____/____	_____	_____	_____

(This information applies to contacts listed above)

History of Vaccine			Documented Hx		Unable		Comments
Yes	Date	No	of disease	Date	to locate		
1. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	
2. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	
3. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	
4. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	
5. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	
6. <input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/>	_____	

Was immediate neighborhood investigated? ☐ Yes ☐ No If "NO", why not? _____

Were any suspect mumps cases identified in the neighborhood? ☐ Yes ☐ No

Did you call surrounding schools/Day Cares to alert them and find other suspects? ☐ Yes ☐ No

If mumps is ruled out, what is probable DX? _____

***Notes**

Age	Age of patient at onset in no. of years, months, weeks, or days
Mumps Outbreak	Cases (at least one laboratory-confirmed) clustered in space and time.
Death	If patient died from mumps, verification with the physician is recommended.
Source of Exposure	A source case must be either a confirmed or probable case and have had face to face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before onset of the new case, and between 4 days before symptom onset and 7 days after symptom onset of the source case.
Epi-Linked	An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face to face contact. For same generation cases that are epi-linked a common exposure is likely.